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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

TO



Address to:

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Attorney Docket No.	740756-2405
First Named Inventor	Shunpei YAMAZAKI
Original Patent Number	6,180,991
Original Patent Issue Date (Month/Day/Year)	January 30, 2001
Express Mail Label No.	

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. Fee Transmittal Form (*PTO/SB/56*)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (*amended, if appropriate*)
4. Drawing(s) (*proposed amendments, if appropriate*)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (*PTO/SB/51 or 52*)
6. Power of Attorney
7. Original U.S. Patent currently assigned? Yes No
(*If Yes, check applicable box(es)*)
 - Written Consent of all Assignees (*PTO/SB/53*)
 - 37 C.F.R. § 3.73(b) Statement
(*PTO/SB/96*)
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(*If applicable, all of the following are necessary*)
 - a. Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).
11. Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (*PTO/SB/55*)
12. Foreign Priority Claim (35 U.S.C. 119) (*If applicable*)
13. Information Disclosure Copies of Statement (IDS)/PTO-1449 Citations
14. English Translation of Reissue Oath/Declaration (*If applicable*)
15. Preliminary Amendment
16. Return Receipt Postcard (*MPEP 503*)
(*Should be specifically itemized*)
17. Other: Offer to Surrender Patent;
Preliminary Letter; Decision of Appeal No. 94-2004; Terminal Disclaimer of record

18. CORRESPONDENCE ADDRESS

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NAME (Print/Type)	Eric J. Robinson	Registration No. (Attorney/Agent)	38,285
Signature		Date	1-16-02

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 740756-2405			
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 35	Total Claims (37 CFR 1.16(j))	(B) 35	**** 0 =	X \$ ____ =		or	X \$ ____ =	
(C) 12	Independent Claims (37 CFR 1.16(i))	(D) 12	* 0 =	X \$ ____ =			X \$ ____ =	
Basic Fee (37 CFR 1.16(h)) \$ _____								\$.740
Total Filing Fee \$ _____							OR \$ 740	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	** 20	* =	X \$ ____ =		X \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	***** 3	=	X \$ ____ =		X \$ ____ =	
Total Additional Fee \$ _____							OR \$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>19-2380</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of <u>\$ 740.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
<u>1-6-02</u>		 Signature of Applicant, Attorney or Agent of Record						
Date		<u>Eric J. Robinson</u> Typed or printed name						

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